

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010331

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 87

Primary Registration District No. 5324

Registrar's No. 10

FILED APR 3 1962

1. PLACE OF DEATH

a. COUNTY Crawford

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Boone Twp

Length of stay in lb
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION At Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE mo.

b. COUNTY Crawford

c. CITY OR TOWN Bourbon

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
RT. # 2

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Thomas Middle Wesley Last Sites

4. DATE OF DEATH Month March Day 28 Year 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec 19 1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Former

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Bourbon, Mo

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

William A. Sites

13b. MOTHER'S MAIDEN NAME

Clara E. Allen

14. NAME OF HUSBAND OR WIFE

Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)

Yes W.W.I.

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Wilbur Sites

Address

Bourbon, Mo

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

seconds

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Myocardial Infarction

DUE TO (c)

Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS (disease condition given in PART I (a))

Marked Hypertension

TRIBUTING TO DEATH but not related to the terminal

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from D.O.A. to 7:00 A

and last saw her alive on Never

Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

William A. Sites

22b. ADDRESS

Bourbon, Mo

22c. DATE SIGNED

30 Apr 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Buried

23b. DATE

Apr. 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

New Rock

23d. LOCATION (City, town, or county)

Bourbon

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Hoener Funeral Home Cuba, Mo

25. DATE RECD. BY LOCAL REG.

APR 11 1962

26. REGISTRAR'S SIGNATURE

William Cowan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6280

20280

3

4 0

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94201

10

11

1290-3

134-0

SEP 18 1962

APR 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Norman R. Haener

Licensed Embalmer No.

4673

P. O. Address

Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.